



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$838697782	Contractual Allowance	\$1897878047
Outpatient Patient Service Revenue	\$1997661428	Other Deductions	\$11186227
		Total Deductions	\$1909064274
Total Gross Patient Service Revenue	\$2836359210		

3. Total Operating Revenue	
Net Patient Service Revenue	\$927294936
Other Operating Revenue	\$67781174
Total Operating Revenue	\$995076110

4. Operating Expenses	
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Salaries and Wages	\$209631351	Employee Benefits	\$47829112
Depreciation and Amortization	\$29198723	Interest Expense	\$15972765
Bad Debt	\$30486250	Other Expenses	\$427550745
Total Operating Expenses	\$760668946		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$234407164	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0
Total Net Gains	\$234407164		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1361695909	\$1101431377	\$260264532
Medicaid	\$601780581	\$397045368	\$204735213
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$872882720	\$410587529	\$462295191
Total	\$2836359210	\$1909064274	\$927294936

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$708517	\$4009544	\$-3301027

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$8102648	\$23716170	\$-15613522
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	467
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$11186227
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2505937	
HCI Payments	\$0		
Subtotal	\$0	\$2505937	\$-2505937
Medicaid Shortfalls	\$204735213	\$160241493	
Subtotal	\$204735213	\$162747430	\$41987783
DSH Payments	\$32,582,063		

	Subtotal	\$237317276	\$162747430	\$74569846
Medicare Shortfalls		\$260264532	\$303658188	
Other Government Programs		\$0	\$0	
	Total	\$497581808	\$466405618	\$31176190

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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